

C1 4582

SEQUENCE NO.
(DENY USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER 13-50347A(THIS NUMBER IS TO BE PUNCHED
IN COLUMNS 3-6 ON ALL CARDS)ST/CO USE ONLY
DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

1	2	3	4	5	6
8					13

1	0	1	8	9	4
15					20

22	4	0	0		26
(TO NEAREST FOOT)					

28	4	0	-	9	4	-	0	2	2	5	37
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OWNER

STREET OR RFD

SUBDIVISION

SECTION

LOT

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS
PENETRATED, THEIR COLOR, DEPTH,
THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)

FEET

Check
if water
bearing

DESCRIPTION (Use additional sheets if needed)	FROM	TO	Check if water bearing
TOP Soil	0	2	
red clay	2	4	
Sand Stone	4	8	
Mica	8	25	
Sand Stone	25	28	
Mica	28	45	✓
Flint	45	46	
Mica	46	95	
Flint	95	96	✓
Mica	96	185	
Flint	185	186	✓
Mica	186	400	

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)yes ☒ Y no ☐ N

TYPE OF GROUTING MATERIAL

CEMENT ☒ CM BENTONITE CLAY ☒ BC

NO. OF BAGS 8 NO. OF POUNDS 800

GALLONS OF WATER 40

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 27 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
belowST CO
STEEL CONCRETE
PL OT
PLASTIC OTHER

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)

ST 6 30
60 61 63 64 66 70

EACH CASING

OTHER CASING (if used)

diameter inch depth (feet) from to

screen type
or open hole
insert
appropriate
code
below

SCREEN RECORD

ST BR HO
STEEL BRASS OPEN
BRONZE HOLE
PL OT
PLASTIC OTHERIN HARD ROCK AREAS, IDENTIFY SPECIFICALLY
WHERE SATURATED FRACTURES WERE OBSERVED.

WELL HYDROFRACTURED

yes ☒ Y no ☐ N

CIRCLE APPROPRIATE LETTER

- A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
- E ELECTRIC LOG OBTAINED
- P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN
ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"
AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE
ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRE-
SENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF
MY KNOWLEDGE.

DRILLERS IDENT. NO. 40

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

SITE SUPERVISOR (sign. of driller or journeyman
responsible for sitework if different from permittee)

GRAVEL PACK

IF WELL DRILLED WAS
FLOWING WELL INSERT
F IN BOX 68

MDE USE ONLY

(NOT TO BE FILLED IN BY DRILLER)

T

(E.R.O.S.)

W Q

70

72

74 75 76

TELESCOPE
CASINGLOG
INDICATOR

OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 6

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 50

WHEN PUMPING 400

TYPE OF PUMP USED (for test)

A air ☒ P piston ☐ T turbine ☐

C centrifugal ☐ R rotary ☐ O other (describe below) ☐

J jet ☐ S submersible ☐

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES ☒ NO ☐IF DRILLER INSTALLS PUMP, THIS SECTION
MUST BE COMPLETED FOR ALL WELLS
EXCEPT HOME USETYPE OF PUMP INSTALLED
PLACE (A,C,J,P,R,S,T,O)
IN BOX - SEE ABOVE:

CAPACITY:

GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

+ above

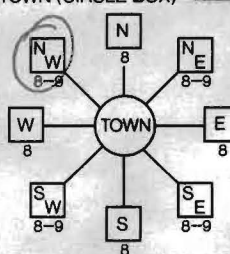
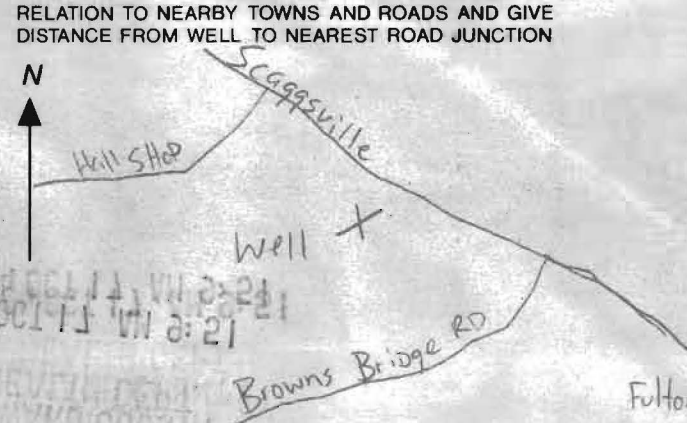
- below

LAND SURFACE ☒ (nearest foot)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS
BUILDING, SEPTIC TANKS, AND/OR
LANDMARKS AND INDICATE NOT LESS
THAN TWO DISTANCES
(MEASUREMENTS TO WELL)

COUNTY

B 1 4077 <small>1 2 3 4 5 6</small> (THIS NUMBER IS TO BE PUNCHED IN CCKS. 3-6 ON ALL CARDS)	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND INDEXED APPLICATION FOR PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER 40-94-0225 <small>70 fill in this form completely 79</small>
Date Received (APA) 10/17/94 <small>8 13</small> OWNER INFORMATION ROGETS FRAV <small>15 Last Name 34</small> 12343 SCAGGSVILLE RD <small>36 Street or RFD 55</small> Fulton MD 20759 <small>57 Town 70 State 72 Zip 76</small>		B 3 LOCATION OF WELL HOWARD <small>8 COUNTY 21</small> 23 SUBDIVISION SECTION 44 46 LOT 48 50 FULTON <small>52 NEAREST TOWN 71</small> MILES FROM TOWN (enter 0 if in town) 2 MI <small>73 76 77 78</small>	
DRILLER INFORMATION George F. Egsterday <small>Driller's Name 77 License No. 80</small> L. Franklin Egsterday INC. <small>Firm Name</small> 9265 Brown Church Rd. MT. Airy, MD 21774 <small>Address</small> George F. Egsterday 10-14-94 <small>Signature Date</small>		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  NEAR WHAT ROAD 12343 Scaggsville <small>11 30</small> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH 34 70 37 DISTANCE FROM ROAD ENTER FT OR MI FT <small>38 39</small> TAX MAP: 40 BLK: PARCEL 126	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 <small>8 12</small> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 <small>14 20</small>		USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="radio"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="radio"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)	
APPROXIMATE DEPTH OF WELL 200 FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL 6 INCH <small>NEAREST INCH</small>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard <small>COUNTY NAME</small> 50347A <small>COUNTY NO.</small> STATE SIGNATURE DATE ISSUED 10/13/95 <small>43 48 CO-SIGNATURE 55</small> NORTH GRID 485000 EAST GRID 0816000 <small>50 55 57 63</small>	
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN <small>39 37</small> AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTARY Drive-POINT other		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. wells 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 810-6 N 4805 <small>000 000</small>	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input checked="" type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
Not to be filled in by driller (OEP USE ONLY) APPROX. PERMIT NUMBER 54 GAP 63 FORCE 65 WRITE INITIALS IN BOX PERMIT No. 40-94-0225 <small>67 68 70 71 72 73 74 75 76 77 78 79</small>			
SPECIAL CONDITIONS NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =			

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 10/27/94 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL

* PERSON ABANDONING WELL: Lester C Simmons

WELL DRILLERS LICENSE NUMBER: 307

* OWNER'S NAME: Fran Rogers

* WELL LOCATION: 12343 Scaggsville Rd

COUNTY: Howard
NEAREST TOWN: _____
TAX MAP _____ BLOCK _____ PARCEL _____
SUBDIVISION: _____
SECTION: _____ LOT: _____

MARYLAND GRID COORDINATES

E 8/5
BOX NUMBER
N 488

--	--	--	--	--	--	--	--

H	0	9	4	0	2	2	5
---	---	---	---	---	---	---	---

	X
0 0 0	0 0 0

SHOW WELL LOCATION
BY X WITHIN BOX

* TYPE OF WELL BEING ABANDONED:

_____☐ DRILLED
_____☐ BORED/AUGURED
_____☐ OTHER (specify) _____
_____☒ JETTED
_____☒ HAND DUG

* USE CODE:

_____☒ DOMESTIC
_____☐ IRRIGATION
_____☐ TEST/OBSERVATION
_____☐ MUNICIPAL/PUBLIC
_____☐ INDUSTRIAL

* TYPE OF CASING:

_____☒ STEEL
_____☒ CONCRETE
_____☐ PLASTIC
_____☐ OTHER (specify) _____

* SIZE OF CASING: 42 INCHES IN DIAMETER

* DEPTH OF WELL: 20 FEET DEEP

* WAS ANY CASING REMOVED? ☒ YES _____ NO
if yes, length removed, in feet: 6

* WAS CASING RIPPED OR PERFORATED? _____ YES ☒ NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Gravel	20	6
Cement	6	2
Back Fill	2	0

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Lester C Simmons Jr.

LICENSE # MWD 307

DATE 10/27/94

For 10/19/94 10:00

10/19/94 Final Ckd

CONTRACTOR
TOLD TO
COVER IF NO
INSP BY 1:00

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

LINE

New Installation _____ Receipt # _____
Replacement _____ Date _____

Name of Installer _____ Telephone _____

License Number _____
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner ROGERS, FRANK Telephone _____
Subdivision _____ Lot # _____ Well Tag # HO-94-0225
Site Address 12343 Scaggsville Road
Fulton, Md

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower _____	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage _____	3. Depth _____
c. Submersible _____	a. 110 _____	
2. Make _____	b. 220 _____	
3. Model # _____		
4. Capacity _____ GPM		
5. Pump exceeds well capacity Yes _____ No _____		
6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____		

Tank	Piping	Well data
1. Capacity _____	1. Type _____	1. Depth _____ ft.
2. Pressure relief valve? _____	2. Size _____	2. Yield _____ GPM
	3. NSF and/or BOCA Code approved _____	3. Static water level _____ ft.
	4. Depth of supply line _____	4. Will water supply be disinfected by installer? _____

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: _____

Date: _____

Green
Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.